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| | PATENT A | PPLICATIOI Effecti | ve Octob | er 1, 20 | 001 | N NECO! | | + | 9/21 | 10 | 210 | _ |
|--|--|---|--------------|--------------------|-------------------------------------|------------------|-------|---------------------|------------------------|-------|---------------------|------------------------|
| | | CLAIMS AS | FILED - | | (Colum | n 2) | | MALL EN | | OR | OTHER SMALL E | |
| TO | TOTAL CLAIMS 17 | | | | | Γ | RATE | FEE | | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | 8 | ASIC FEE | 370.00 | OR | ASIC FEE | 740.00 |
| TOTAL CHARGEABLE CLAIMS | | | /7 minus 20= | | • | | Ī | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS 2 | | | | nus 3 = | | | t | X42= | | OR | X84= | move. |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | ı | +140= | | OR | +280= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | L | TOTAL | | OR | TOTAL | 740 | |
| F | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SMALL | ENTITY | OR | OTHER SMALL | |
| | | CLAIMS REMAINING AFTER AMENDMENT | | HIG NUM PREV | HEST MBER HOUSLY OFOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | • / / - | Minus | ** | 20 | | | X\$ 9= | | ÒR | X\$18= | |
| HEN | Independent | •5 | Minus | *** | 3 | • | | X42= | | OR | X84= | |
| 4 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | 1 | +140=. | | QR | +280= | |
| | | | | | | | ı | TOTAL LODIT. FEE | | | TOTAL ADDIT. FEE | Z |
| | | (Column 1) | | (Col | ımn 2) | (Column 3) | | | | | | \ |
| F | | CLAIMS REMAINING AFTER AMENDMENT | | PRE | MEST MBER /IOUSLY D FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONA FEE |
| | Total | | Minus | 613 | | œ | | X\$ 9= | | OR | X\$18= | |
| AMENDMENT | Independent | • | Minus | *** | | | 41 | X42= | | OR | X84= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Best Available Copy | | | | | | | | +140= | | OR | +280= | |
| | | Best Av | allap | ie C | .opy | | | TOTAL ADDIT, FEE | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | | umn 2) | (Column 3 | | | | | | |
| IN | | CLAIMS REMAINING AFTER AMENDMENT | | NI. PRE | GHEST IMBER VIOUSLY ID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI TIONA FEE |
| MENDMENT | Total | • | Minus | 448 | | - | | X\$ 9= | | OR | X\$18= | |
| | Independent | • | Minus | 889 | | | | X42= | | ОЯ | X84= | |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

* TOTAL OR ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE OR ADDIT. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-475 (Rev. 8/01)

OR

+280=

TOTAL

+140=